

Prepared By and Return To:
EDCO Title & Closing Services, Inc.
Hugh H. Armistead, Attorney
6515 Goodman Road, Suite 3
Olive Branch, Mississippi 38654
Phone (662) 895-4844
File #07-0094OB

9/10/07 4:49:14
BK 568 PG 223
DE SOTO COUNTY, MS
W.E. DAVIS, CH CLERK

DEBORAH VANLANDINGHAM LOWNES, ET AL,

GRANTORS,

TO

WARRANTY DEED

GLENN STROUPE, ET AL,

GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, We, **DEBORAH VANLANDINGHAM LOWNES, JAMES VANLANDINGHAM, JR., NORMA VANLANDINGHAM, LESLIE VANLANDINGHAM, WANDA VANLANDINGHAM PARENT and MICHAEL VANLANDINGHAM**, the undersigned Grantors, do hereby sell, convey and warrant unto **GLENN STROUPE and CHARLES CARTER**, Grantees, the land lying and being situated in DeSoto County, Mississippi, described as follows, to wit:

Lot 174, Section "A", Brook Hollow Subdivision, situated in Section 24, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 7, at Page 8, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this deed is subject to subdivision and zoning regulations in effect in the City of Southaven and DeSoto County, Mississippi; to rights of ways and easements for public roads and public utilities shown or not shown on the public records; to the restrictive covenants of said subdivision; and to any prior conveyances or reservation of minerals of every kind and character, including, but not limited to oil, gas, sand and gravel, in, on and under subject property.

By way of explanation, Grantors warrant that they are the sole surviving heirs at law of Peggy Jean Vanlandingham Ware, deceased, who departed this life on the 3rd day of April, 2001, a copy of her death certificate being attached hereto as evidence thereof.

Taxes for the year 2007 are to be paid by the Grantees, and possession shall take place with delivery of deed.

WITNESS OUR SIGNATURES, this the 12th day of September, 2007.

Deborah Vanlandingham Lowmes
DEBORAH VANLANDINGHAM LOWNES

James Vanlandingham, Jr.
JAMES VANLANDINGHAM, JR.

N. Vanlandingham
NORMA VANLANDINGHAM

[Signature]
LESLIE VANLANDINGHAM

Wanda Vanlandingham Parent
WANDA VANLANDINGHAM PARENT

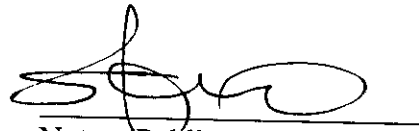
Michael Vanlandingham
MICHAEL VANLANDINGHAM

STATE OF MISSISSIPPI

COUNTY OF DESOTO

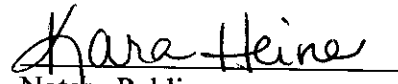
This day personally appeared before me, the undersigned authority in and for the said county and state, on this 12th day of September, 2007, within my jurisdiction, the within named James Vanlandingham, Jr., Leslie Vanlandingham, Wanda Vanlandingham Parent and Michael Vanlandingham, who acknowledged that they executed the above and foregoing instrument.

My Commission Expires: 10/24/07


Notary Public

STATE OF ~~KENTUCKY~~ IllinoisCOUNTY OF ~~MCCRACKEN~~ Massac

This day personally appeared before me, the undersigned authority in and for the said county and state, on this 12th day of September, 2007, within my jurisdiction, the within named Deborah Vanlandingham Lownes and Norma Vanlandingham, who acknowledged that they executed the above and foregoing instrument.


Notary Public

My Commission Expires: 6/23/2009

Contact: P.O. Box 816, Southaven, MS 38671 (Strayer)
Bus # 901-456-8801

Contact: 326 Hillbrook, Southaven, MS 38671
Tel No. N/A

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 568 PG 226

OR PRINT
BLACK INK

FILING
DATE

MAY 11 2001

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE
NUMBER 123-

| | | | | | | |
|---|---|--|--|---|--|--|
| <p>1 NAME First Middle Last</p> <p>2 SEX</p> <p>3a HOUR OF DEATH</p> <p>3b DATE OF DEATH (Month Day Year)</p> | <p>1 NAME First Middle Last</p> <p>PEGGY JEAN WARE</p> | | <p>2 SEX</p> <p>Female</p> | <p>3a HOUR OF DEATH</p> <p>9:00p m</p> | <p>3b DATE OF DEATH (Month Day Year)</p> <p>April 3, 2001</p> | |
| | <p>4 RACE (Specify White Black American Indian, etc.)</p> <p>White</p> | <p>5a AGE AT LAST BIRTHDAY</p> <p>62 Years</p> | <p>5b MOS</p> <p>5c DAYS</p> <p>5d HOURS</p> <p>5e MINS</p> | <p>6 DATE OF BIRTH (Month Day Year)</p> <p>Feb. 13, 1939</p> | <p>7a COUNTY OF DEATH</p> <p>Desoto</p> | <p>7b CITY OR TOWN OF DEATH</p> <p>Southaven</p> |
| | <p>8 DECEASED'S EDUCATION (Specify only highest grade completed)</p> <p>(0-12) 6</p> | <p>9 DECEASED'S EDUCATION (Specify only highest grade completed)</p> <p>(1-4) 5</p> | <p>10 MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)</p> <p>Widowed</p> | <p>11 SURVIVING SPOUSE (If wife give maiden name)</p> <p>N/A</p> | <p>12 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)</p> <p>No</p> | <p>13 ORIGIN OR DESCENT (Specify Cuban Afro-American, Mexican, etc.)</p> <p>American</p> |
| | <p>14 SOCIAL SECURITY NUMBER</p> <p>411-62-7706</p> | <p>15a USUAL OCCUPATION (Kind of work done most of working life)</p> <p>Waitress</p> | <p>15b KIND OF BUSINESS OR INDUSTRY</p> <p>C.K.'s Coffee Shop</p> | <p>16a RESIDENCE—STATE</p> <p>Mississippi</p> | <p>16b COUNTY</p> <p>Desoto</p> | <p>16c CITY OR TOWN</p> <p>Southaven</p> |
| <p>17 FATHER—NAME First Middle Last</p> <p>Ed Goff</p> | <p>18 MOTHER—NAME First Middle Maiden</p> <p>Mamie Cox</p> | <p>19a INFORMANT—NAME (Type or print)</p> <p>Debbie Capps</p> | <p>19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)</p> <p>1125 Willard Dr. Southaven, Ms. 38671</p> | <p>20a BURIAL, CREMATION, REMOVAL (Specify)</p> <p>Burial</p> | <p>20b CEMETERY, CREMATORY—NAME</p> <p>Forest Hill South</p> | |
| <p>21a EMBARKER SIGNATURE AND NUMBER</p> <p>3835</p> | <p>21b FUNERAL HOME—NAME AND MISSISSIPPI ID NUMBER</p> <p>Forest Hill South</p> | <p>21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)</p> <p>2545 E. Holmes Rd. Memphis, Tn. 38118</p> | <p>22a PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print)</p> <p>Steve Helton, M.D.</p> | <p>22b PRONOUNCED DEAD (Month, Day, Year)</p> <p>ON April 3, 2001</p> | <p>22c PRONOUNCED DEAD (Hour) AT 9:00p m</p> | |
| <p>23a CERTIFIER—NAME (Type or print)</p> <p>Jeffery Pounders, Coroner</p> | <p>23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)</p> <p>4942 Pounders Rd., Nesbit, Ms. 38651</p> | <p>24a To the best of my knowledge, death occurred due to the causes and manner as stated</p> <p>SIGNATURE</p> | <p>24b DATE SIGNED (Month, Day, Year)</p> <p>April 20, 2001</p> | <p>24c STATE LICENSE NUMBER</p> | <p>24d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)</p> | |
| <p>25 PART I IMMEDIATE CAUSE (Enter one cause only)</p> <p>(a) COPD</p> | <p>25 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause</p> <p>Cancer Of Lungs</p> | <p>26 DATE OF INJURY (Month, Day, Year)</p> | <p>27 HOUR OF INJURY</p> | <p>28 DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED</p> | <p>29a ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)</p> | |
| <p>29b INJURY AT WORK (Yes or No)</p> | <p>29c PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)</p> | <p>29d LOCATION</p> | <p>29e STREET OR ROUTE NUMBER</p> | <p>29f CITY OR TOWN</p> | <p>29g STATE</p> | |

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

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